



Office of Lieutenant Governor
Rebecca Skillman

ACCESS TO PUBLIC RECORDS REQUEST

Return to:

Access to Public Records Coordinator
Office of Lieutenant Governor
Statehouse, Room 333
Indianapolis, IN 46204
Fax: (317) 232-4788

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____

PHONE NUMBER: __ (____) _____

DATE: _____ TIME (if requesting in person): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE INFORMATION REQUESTED:

REASON FOR REQUEST (OPTIONAL- FOR CLARIFICATION PURPOSES):

NOTE: If the request exceeds 10 copied pages, per the Department of Administration, \$0.10 will be charged per page payable by check or cash.

Inter-Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Department/Division: _____
Date Request Fulfilled: _____

Date Request Denied (if applicable): _____
Reason Request Denied (if applicable): _____
Amount Charged (if applicable): _____
Payment Collected and Processed: _____